

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001083

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2000Registrar's No. 1858

STATE FILE NUMBER

FILED FEB 11 1963

1. PLACE OF DEATH

a. COUNTY GREENEb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN SPRINGFIELDLength of stay in lb
2 weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION ST. JOHNS HOSPITALInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY HICKORYc. CITY
OR
TOWN 4 mi. N. W. URBANAInside Limits
Yes ☐ No ☒d. STREET
ADDRESS (If outside, give location)Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JAVENE GENIVE COLLIER4. DATE
OF
DEATH

Month

Day

Year

JAN. 31, 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/12/1921 41

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 Hrs.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

SIEBERT, COLORADO12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

NESBERT C. HAWTHORNE

13b. MOTHER'S MAIDEN NAME

ANNA L. SUNDEMEIER

14. NAME OF HUSBAND OR WIFE

SYLVIAN COLLIER15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

SYLVIAN COLLIER, URBANA, MO.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Metastatic melanoma to Brain,
Right Thigh, Left Humerus + pelvis bone
primary probably left
kidney (Hypanephroma).INTERVAL BETWEEN
ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/28/62 to 1/31/63 and last saw her her alive on 1/31/63
Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

W. Roland Langston, M.D.Springfield2/5/63
(State)23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURIALFEB. 3, 1963BOWERS CHAPEL CEMETERYDALLAS COUNTY, MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

ALLEN W. VAUGHANURBANA, MO.2-8-63Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/5963978430

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180X

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MAR 15 1963

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2-1-63

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by James Gray Sooper, Student Embalmer No. 687

working under my personal supervision

Student

James Gray Sooper
Signature of Student Embalmer

Signed

Brie M. Abbott

Licensed Embalmer No.

5115

P. O. Address

Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.